| County: | Washington     |  |
|---------|----------------|--|
|         | GW-48540       |  |
|         | Irrigation Ec  |  |
|         | ing completed: |  |

## **STATE WELL REPORT**

## Part 1

Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources

P.O. Box 2309
Jackson, MS 39225-2309
(601) 961-5210
(601) 360-0535 (fax)

| For Office Use Only: |  |              |
|----------------------|--|--------------|
| Well #:              |  | <u> 126 </u> |
| Aquifer:             |  |              |
| E-Log #:             |  |              |

| State Law requires that this report be prepared by the li<br>Department at the above address within 30 days of com | cense holder responsible for the work and filed with the upletion of drilling of the well or borehole. |
|--|--|
| Well Owner Information (Landowner if borehole is not for a water well)   | Well or Borehole Location  |
| Owner Name: John Mark Looney   | Latitude: 33 21' 20.1 N Longitude: 90 47' 43.6 W   |
| Mailing Address: 105 Buck Road   | Method of Lat/Long (check one):   Conventional Survey,   |
|  | ☐ USGS quad, ☒ Hand-held GPS, ☐ Survey-grade GPS   |
| Leland Ms 38756  | <u>NE</u> 1/4 NW 1/4, Sec 2 T 17 N R 6 W   |
| City State Zip code  | 6 Miles Southeast of Leland  |
| Telephone No. ( ) -  | 6   Miles   Southeast of   Leland   (Distance)   (Direction)   (Nearest Town)                          |
| Well / Bo  | orehole Data   |
| Date drilling started: 09/04/2014 Date drilling completed:   | 09/04/2014 Hole depth: 122 Hole diameter: 24"  |
| Location of the source of any surface water used for drilling:   | Surface Water  |
| Method of dosing and volume of Chlorine used in drilling and dev   | velopment: 50 PPM  |
| Logs run (check all applicable): ⊠ No log run ☐ Electric ☐ Gan   | nma Ray □ Density □ Sonic □ Neutron □ Other:   |
|  | -  |
|  |  |
| Purpose of borehole (check one):   Water Well  Geotec  | chnical/Geological Investigation Ground Source Heat Pump   |
| ·  | Other (describe)   |
| If drilling is not related to water well co  | nstruction, skip the remainder of this block   |
| Purpose of Well <i>(check all applicable)</i> : ☐ Home ☐ Industrial ☐  | Public Supply ⊠ Irrigation □ Fish Culture  |
| ☑ Other (describe): Replace GW-13450   |  |
| If a flowing well, method of flow regulation: Valve  | Other (describe)   |
| Static Water Level: 38' feet [□ above or ⊠ below (check one)   | ow] land surface Date measured: 09/05/2014   |
| Method of Measurement (check one) ☑ Steel tape ☐ Electric ta   | pe Air line Other: (describe)  |
| Well depth: 122 Well grouted to a depth of: 10 fee   | et Type of grout (check one): ☐ Neat Cement ☒ Bentonite ☐ Mix  |
| Casing length: 82 feet Casing diameter: 16   | inches Type of casing: PVC   |
| Screen length: 40' feet Screen diameter: 16  | inches Type of screen: PVC   |
| Screen slot size:050 inches Setting depth  | From See feet to Back feet   |
| Type of completion (check all applicable): ☑ Gravel packed 🗍 Լ   | Jnderreamed ☐ Open hole ☐ Natural Development  |
| Other (describe):  |  |
| Top of lap pipe or reduction in casing: Feet   |  |
| If telescoped or more than o   | ne screen, describe on next page   |

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Form: OLWR-SWR-1A (4/13)

|  |   | For Office Use Only:                    |              |
|--|---|---|--------------|
| ounty: Washington  | Well #:   | <u>J13</u>                              | 16-          |
| ermit #: GW-48540  |   |   |              |
|  |   |   |              |
| he sketch below only required for water wells  | <u>Description of formations encountered mus</u><br>and boreholes, unless specifically exempted | t be provided f                         | or all wells |
| f well telescopes, show depths on sketch.  |   |   |              |
| Ground level   | Description of Formations Encountered   | From (dep<br>Ground le                  |              |
| Stoulid level  | Clay  |   |              |
|  | Fine Sand   | 20                                      | 38           |
|  | Fine Sand & Gravel  | 39                                      | 58           |
|  | Medium Sand & Gravel  | 59                                      | 95           |
|  | Fine Sand   | 96                                      | 101          |
|  | Medium Sand & Gravel  | 102                                     | 122          |
|  | Screen:   |   |              |
| 1  | (77 - 96) 20' PVC   |   |              |
|  | (97 - 102) 6' Blanked   |   |              |
|  | (103 - 122 ) 20' PVC  | <u> </u>                                |              |
|  | (103 - 122 ) 20 FVC   | +                                       |              |
|  |   | 1                                       |              |
|  |   |   |              |
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|  |   |   |              |
|  |   |   |              |
| more than one screen, show location of each on sketch  |   | *************************************** |              |
| ketch the property layout and include the following:  1) the well location  2) any permanent structures on the property that  3) any roads, power lines, or other items that may  4) a north arrow | may aid in locating the well<br>aid in locating the property and the well                       |   |              |
|  |   |   |              |
|  |   |   |              |
|  |   |   |              |
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|  |   |   |              |
|  |   |   |              |
|  |   |   |              |
|  |   |   |              |
| andowner Name: John Mark I ooney   |   |   |              |
| andowner Name: John Mark Looney  | · · · · · · · · · · · · · · · · · · ·   |   |              |

09/05/2014

Date

if applicable, and state laws. Patrick Chism

0695

Print Name of Responsible Licensee and License No.

Form: OLWR-SWR-1A (4/13)

Signature of Licensee

| County:    | Washington     |            |
|------------|----------------|------------|
| Permit #:  | GW-48540       |            |
| Driller:   | Irrigation Eq  | uipment    |
| Date drill | ing completed: | 09/04/2014 |

Copy information from block on Part 1

## STATE WELL REPORT Part 2

## Pump Installer's Completion Report

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309

Jackson, MS 39225-2309 (601) 961-5210 (601) 360-0535 (fax)

| For      | Office Use Only: |   |
|----------|------------------|---|
| Well#:   | ·1126            | - |
| Aquifer: |                  | - |

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion. **Well Owner Information Well Location** Owner Name: John Mark Looney Latitude: 33 21' 20.1 N Longitude: 90 47' 43.6 W Mailing Address: 105 Buck Road □ USGS quad, ☑ Hand-held GPS, □ Survey-grade GPS ME 1/4 NW 1/4, Sec 2 T 17 N R 6 W 38756 Leland Ms State Zip code Southeast of Telephone No. (Nearest Town) (Distance) (Direction) Pump Type (check one) □ Submersible ☑ Turbine □ Air Lift □ Centrifugal □ Flowing Well □ Jet □ Piston □ Rotary □ Other (describe): Date Pump Installed 09/05/2014 Rated Pump Capacity: 2500+/- Gallons Per Minute Is This Pump (check one): 

New □ Repaired □ Replacement Power Type (check one) ☐ Electric ☑ Diesel ☐ Gasoline ☐ Natural Gas ☐ Tractor PTO ☐ Windmill ☐ Other (describe): Horse Power Rating of Motor: 60 \_ Setting Depth: 70' \_\_\_ feet Number of Stages: 1 **Pump Test Data for Non Flowing Well** Duration of Pump Test (minimum 4 hours): Date Well Tested: Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Drawdown [(B) - (A)]: Method of measurement (check one): ☐ Steel tape ☐ Electric tape ☐ Air line ☐ Other (describe): **Pump Test Data for Flowing Well** Measured shut in head: GPM with a drawdown of Well vielded feet after hours of pumping Meter Installation Meter Manufacturer: Meter Serial Number: \_ Type of Meter: \_\_\_\_\_ Meter Model Number/Name: Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Meter installed by: \_\_\_ Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ prebsite.

0695

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Patrick Chism

09/05/2014

Signature of Pump Installer Date

Form: OLWR-SWR-1B (4/13)